## BEST AVAILABLE COPY ISSUE SLIP STAPLE AREA (for additional cross references) **POSITION** INITIALS ID NO. DATE **FEE DETERMINATION** O.I.P.E. CLASSIFIER FORMALITY REVIEW INDEX OF CLAIMS ..... Rejected ..... Non-elected ..... Allowed ...... Interference (Through numeral) Canceled A ..... Appeal ..... Restricted O ...... Objected Date Claim Date Claim Final Original Original Final 41 1 If more than 150 claims or 10 actions

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